

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner
1294 Centre Street
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063



Public Health
Prevent. Promote. Protect.

WELL PERMIT APPLICATION

updated 2/11

OWNERS NAME: _____

WELL LOCATION: _____

ZIP _____

APPLICANT: _____

ADDRESS IF
DIFFERENT: _____

ZIP _____

TELEPHONE: DAY _____ EVENING _____ CELL _____

PROPOSED WELL INFORMATION:

TYPE OF WELL: ☐ DRILLED (ARTISAN) ☐ DUG (SHALLOW) ☐ DRIVE POINT

☐ GEOTHERMAL ☐ OTHER (SPECIFY BELOW)

INTENDED USE: _____

WELL DRILLER: _____ REGISTRATION # _____

(NOTE: WELL DRILLER MUST BE REGISTERED BY MASSACHUSETTS)

DRILLER'S
ADDRESS: _____

ZIP _____ TELEPHONE: _____

LOT LOCATION (ASSESSOR'S DESCRIPTION) SECTION _____ BLOCK _____ LOT _____

GPS: LONGITUDE _____ GPS: LATITUDE (OPTIONAL) _____

PLEASE ATTACH A DIG SAFE TICKET TO THIS APPLICATION

I HEREBY APPLY FOR A WELL PERMIT. I AGREE TO COMPLY WITH THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT RULES AND REGULATIONS FOR THE REGISTRATION AND CONSTRUCTION OF PRIVATE WATER SUPPLIES (WELLS). I UNDERSTAND THAT THE FOLLOWING ARE REQUIRED:

THE WELL DRILLER MUST BE REGISTERED WITH THE MASSACHUSETTS WATER RESOURCES COMMISSION AS REQUIRED BY CHAPTER 21, SECTION 16, MGL.

A PLAN OF THE PROPOSED LOCATION OF THE WELL SHALL BE SUBMITTED TO THE HEALTH AND HUMAN SERVICES DEPARTMENT PRIOR TO INSTALLATION OF A WELL. THIS PLAN SHALL BE ON A SCALE APPROXIMATELY ONE INCH TO FORTY FEET AND SHALL SHOW POSSIBLE SOURCES OF CONTAMINATION ALONG WITH LOT LINES AND STRUCTURES ON THE LOT.

CONSTRUCTION OF THE WELL SHALL NOT PROCEED UNTIL A WELL PERMIT HAS BEEN ISSUED BY THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT.

WELL WATER SHALL NOT BE USED FOR A POTABLE WATER SUPPLY AND SHALL NOT BE PLUMBED INTO ANY BUILDING SERVED BY A PUBLIC WATER SUPPLY.

THE PLUMBING FROM MY WELL MUST BE SEPARATED FROM PLUMBING SERVING THE NEWTON WATER SUPPLY BY A DISTANCE OF NOT LESS THAN THIRTY-SIX (36) INCHES.

THE ISSUANCE OF A WELL PERMIT SHALL NOT BE CONSTRUED AS A GUARANTEE BY THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT OR ITS AGENTS THAT THE WATER SYSTEM WILL FUNCTION SATISFACTORILY NOR THAT THE WATER SUPPLY WILL BE SUFFICIENT IN QUALITY OR QUANTITY FOR ITS INTENDED USE.

PURSUANT TO MGL CH. 62C, SEC. 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST OF MY KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

DATE

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SOCIAL SECURITY

NAME OF CORPORATION (IF APPLICABLE)

PLEASE REMIT A CHECK FOR **\$50.00** MADE PAYABLE TO: CITY OF NEWTON

===== **FOR OFFICE USE ONLY** =====

- ☐ PLOT PLAN ENCLOSED, SHOWING THE LOCATION OF THE MUNICIPAL WATER SERVICE LINE AND SEWER CONNECTION OR SUBSURFACE SEWAGE SYSTEM AND ITS COMPONENTS.
- ☐ A DIG SAFE TICKET IS ATTACHED TO THIS APPLICATION
- ☐ MWRA WATER DIVISION APPROVAL RECEIVED
- ☐ MWRA **WASTE** WATER DIVISION APPROVAL RECEIVED

APPROVALS MAY BE VERBAL FROM MWRA. IF NO, REASON:

===== **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION** =====